

The Board must have a current physical address of record at all times. Address changes must be submitted within 10 days. The address change can be submitted by printing this form and sending it to the address below, or faxing it to the fax number below. You can also submit an address change by e-mail to info@massageboard.az.gov. If you choose to submit an email, you must include the information below. Complete the form in its entirety, using N/A where not applicable.

Arizona Board of Massage Therapy
1400 W. Washington Ste. 300 Phoenix AZ 85007
602-542-8604 Fax 602-542-8804

Name _____ License # MT- _____
Print current name on license

Indicate by checking the box which address you want posted on the website:

☐ Physical

☐ Business

☐ Mailing

Physical address: Will be public if no other address is given - PHYSICAL ADDRESS IS REQUIRED:

Street Apt # City State Zip code
Phone # _____ Cell Phone # _____

Business address:

Street Ste # City State Zip Code
Business Phone # _____

Mailing address - if different from physical address:

PO Box # or Street Apt # City State Zip Code

Email address: _____
Print clearly